

NATIONAL ALUMNI ASSOCIATION OF SABINE HIGH SCHOOL, Inc.

MEMBERSHIP FORM

Annual Dues

Please completed form, can be mailed with payment to NAASHS at P.O. Box 1473, Many, Louisiana 71449. For updated info visit www.NAASHS.org

PLEASE COMPLETE ALL FIELDS FOR OUR DIRECTORY

Date: _____

<input type="checkbox"/> Alumni	<input type="checkbox"/> Friend	<input type="checkbox"/> Family	Membership Fee: \$50				
Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Widow	
Spouse (if attending):	Maiden name:		Years attended/graduated Sabine High:		Number of Children:	Number of Grandchildren:	
Street address:			Email:		Home phone:		
					Cell phone:		
City:		State:		ZIP Code:		Contact preference:	

Please visit NAASHS.org website for regular updates!

In the space below, feel free to share ideas for community and member engagement activities.

Thank you for your membership!